

CHAPLAIN FUND REQUEST FORM

Today's Date:

Date Money Required:

PLEASE READ FIRST: This is a request for funds previously approved by your Parish Council and Senior faith group Chaplain. No obligation of monies/contractual agreements will be made with any vendors until the Chaplain Fund Custodian has approved this request. A minimum of three (3) days is required (after the chaplain and fund custodian have signed off on this request) for the accounting technician to issue a check for a project officer or honorarium. (October 2000)

Signature of Requestor: _____

CHECK ONE: ☐ **CATHOLIC** ☐ **PROTESTANT** ☐ **JEWISH** ☐ **GENERAL**

CHECK ONE: ☐ **Project Officer** ☐ **Credit Card (IMPAC)** ☐ **Check**
☐ **Honorarium**

PURPOSE OF ACTIVITY:

Requestor: (name & address)

Project Officer/Vendor:
(name on check & address)

Phone:

Phone:

Fax:

QTY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL

REMARKS:

SUBTOTAL

S & H

TOTAL

OFFICE USE ONLY

SIGNATURE		DATE	
Project Chaplain			
Account Manager			
Administrator			
Accounting Technician			
APPROVED BUDGET LINE #		DATE ORDERED	
CHECK NUMBER	CHK/CHRG AMOUNT	DATE ITEMS RECEIVED	METHOD USED TO ORDER
			<input type="checkbox"/> PHONE <input type="checkbox"/> INTERNET <input type="checkbox"/> FAX <input type="checkbox"/> MAIL

